

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90147 016 ***150.00

DOCUMENT # G93624

1. Entity Name
CONNELL FURNITURE OF BELLE GLADE, INC.



Principal Place of Business
C/O RODNEY H. CONNELL
225 S.W. AVE. B
BELLE GLADE FL 33430

Mailing Address
C/O RODNEY H. CONNELL
225 S.W. AVE. B
BELLE GLADE FL 33430

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2395802**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CONNELL, RODNEY H.
225 S.W. AVE. B
BELLE GLADE FL 33430

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **CONNELL, RODNEY H**
STREET ADDRESS **1755 S.E. AVE. J**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE **VD** ☐ Delete
NAME **CONNELL, JOANNE K.**
STREET ADDRESS **959 SE THIRD STREET**
CITY-ST-ZIP **BELLE GLADE FL**

TITLE **TSD** ☐ Delete
NAME **CONNELL, KENT C**
STREET ADDRESS **964 SE 4TH ST**
CITY-ST-ZIP **BELLE GLADE FL**

TITLE **T** ☐ Delete
NAME **CONNELL, JOANNE K**
STREET ADDRESS **1755 SE AVE J**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE **PS** ☐ Delete
NAME **CONNELL, KENT C**
STREET ADDRESS **1709 SE AVE K**
CITY-ST-ZIP **BELLE GLADE FL 33430**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

1-27-03 561-991-2615